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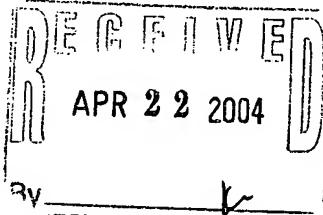
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/753,461	01/09/2004	3731	1022	4707.2770000	10	34	3

PA1776 VS (1737.2770000) CONFIRMATION NO. 6424

28390  
MEDTRONIC VASCULAR, INC.  
IP LEGAL DEPARTMENT  
3576 UNOCAL PLACE  
SANTA ROSA, CA 95403



## FILING RECEIPT



\*OC000000012399109\*

Date Mailed: 04/20/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Justin Goshgarian, Santa Rosa, CA;

## Assignment For Published Patent Application

Medtronic Vascular, Inc.;

## Domestic Priority data as claimed by applicant

DOCKETED

## Foreign Applications

MDC 1064

If Required, Foreign Filing License Granted: 04/20/2004

RED BOOK \_\_\_\_\_

Projected Publication Date: 07/14/2005

2nd Review \_\_\_\_\_

Non-Publication Request: No

CorrespondedFiling Receipt?5/20/04

Early Publication Request: No

## Title

Ostium stent system



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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/753,461
		Filing Date	January 9, 2004
		First Named Inventor	Justin Goshgarian
		Art Unit	3731
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	PA1776US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Corrected Filing Receipt; Supplemental Application Data Sheet; Redlined Copy of Filing Receipt; and Return Postcard

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Catherine C. Maresh; Medtronic Vascular, Inc.
Signature	
Date	July 2, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kimberly Melvin		
Signature		Date	07/02/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING (37 C.F.R. § 1.8a)	
I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in the envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 2, 2004.	
By:	<u>Kimberly Melvin</u>
Kimberly Melvin	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/753,461 Confirmation No.: 6424  
Applicant : Justin GOSHGARIAN  
Filed : January 9, 2004  
TC/A.U. : 3731  
Examiner : Unassigned  
Docket No. : PA1776 US  
Customer No. : 28390  
Title : OSTIUM STENT SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Applicant's submit a Supplemental Application Data Sheet and a Redlined copy of the Filing Receipt indicating a correction to the Attorney Docket No., which should read as follows:

PA1776 US (1737.2770000)

Reconsideration of this Application and entry of this Request for a Corrected Filing Receipt is respectfully requested. The undersigned can be reached at (707) 543-0221.

Respectfully submitted,

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